



Work Order Bid (ID)

WORK ORDER INFORMATION

Work Order Name: WO/17017UC-0977/1

Work Order Type: Weatherization

Audit Name: 17017UC-0977

CLIENT INFORMATION

Client ID: 17017UC-0977

AGENCY INFORMATION

Agency: Upper Cumberland H R A

Address: 3313 Williams Enterprise Drive
Cookeville, TN 38506

Agency Contact: Carlisle, Ron

Agency Phone: (931) 528-1127

Fax:

Email Address:

Work Phone:

Cell Phone:

Email Address:

Company Name & License Number: _____

Contractor's Signature: _____

COMMENT

1973 SITE BUILT HOME

Measures

Measure 1 Patio door

Components

Inspected

Comment door needs to be flush with floor
this door does not open

☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
	Doors	install new patio door	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Measure 2 Infiltration Redctn

Components HS1

Inspected

Comment Caulk interior and exterior X 12
Seal 16 Linear foot gap at addition walls

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#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Miscellaneous Supplies	Infiltration Reduction	Each	1					

Other Detail

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Measure Sub Total:

Sub Total:

Field Notes:

Measure 3 DWH Pipe Insulation				Components				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	DHW Pipe Insulation wrap water pipes	Each	1					
2	Labor	DHW Pipe Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 4 Attic Ins. R-30				Components ATC				Inspected	
Comment									
				Estimated		Actual			
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Insulation	Attic Insulation - Blown Cellulose - R-30	SqFt	1320					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 5 DWH Tank Insulation				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Hot Water Equipment	DHW Tank Insulation	Each	1					
		R-10 minimum-use bubble wrap							
2	Labor	DHW Tank Insulation	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 6 35 sq. ft. floor repair in bathroom				Components			Inspected		
Comment									
				Estimated			Actual		
#	Material / Labor	Description / Comment	Units	Qty	Unit Cost	Total	Qty	Unit Cost	Total
10	Unspecified	Misc Material	Each	1					
Other Detail									
Measure Sub Total:							Sub Total:		
Field Notes:									

Measure 7 CO Monitor is Needed**Components****Inspected****Comment** Does not have one☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	9-volt CO Monitor	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>
						<input type="text"/>			<input type="text"/>

Field Notes:**Measure 8 Smoke Detector is Needed****Components****Inspected****Comment** Does not have one☐

#	Material / Labor	Description / Comment	Units	Estimated			Actual		
				Qty	Unit Cost	Total	Qty	Unit Cost	Total
1	Health and Safety Items	9-volt Smoke Detector	Each	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	Labor	Labor	Hour	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other Detail									
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Measure Sub Total:						<input type="text"/>	Sub Total:		<input type="text"/>

Field Notes:**Work Order Grand Total:****Grand Total:**